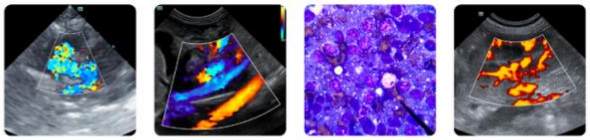



**PATIENT**

Tink Serpico

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

7

**WEIGHT**

10.0

**INTERPRETED BY**

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS

**IMAGING PERFORMED BY**

Jessica

**HOSPITAL NAME**

Montville AH

**REFERRING VET**

Dr. Paul Schubert

**INVOICE**

36610

**DATE**

4/14/26

## PRESENTING CLINICAL SIGNS

History: Acute weight loss over past few months. Asymptomatic otherwise until an abdominal mass noted this past week, accompanied by leaking urine

Abnormal PE/Chem/CBC/UA Results: low T4, normal FT4, otherwise unremarkable

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The **urinary bladder** revealed concentric wall thickening, measuring up to 0.6 cm. Wall thickening was primarily ventral yet also concentric. A minimal amount of anechoic urine was present. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction. The urethra was mildly thickened. This pattern is most consistent with pseudomembranous cystitis, however, bacterial cystitis is also possible.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex. A pelvic calculus was noted in the left kidney, measuring 0.64 cm. The left kidney measured 4.1 cm in length. The right kidney measured 4.6 cm. Slight pyelectasia (0.13 cm) was noted in the right kidney.

### *Adrenal Glands*

The regions of the **adrenal glands** revealed no evident pathology.

### *Spleen*

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

### *Liver*

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

### *Gastrointestinal*

The **stomach** itself was unremarkable. A portion of intestine was thickened and irregular, creating a mass (1.3 cm). The localization of the intestinal mass was difficult to ascertain, however, appeared to be jejunum, extending at least 7.3 cm in length x 3.3 cm in width. The colon was unremarkable.

### *Pancreas*

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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

*Free Abdomen*

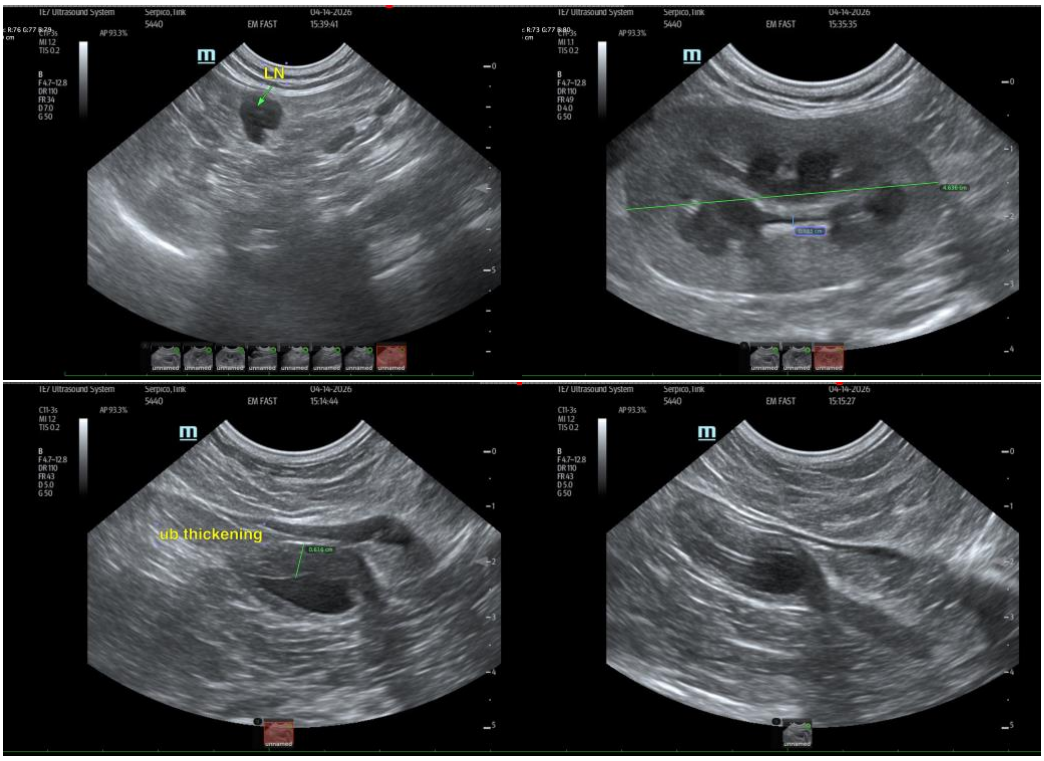
The mesenteric **lymph nodes** were enlarged. Other smaller lymph nodes were also mildly enlarged.

## ULTRASONOGRAPHIC FINDINGS

- Intestinal mass with regional lymphadenopathy- ultrasound guided FNA is indicated.
- Bladder wall thickening, consistent with pseudomembranous cystitis or potential bladder lymphoma.
- Age-related renal changes with left kidney pelvic calculus and right kidney slight pyelectasia

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the global abdominal presentation, intestinal, lymph node, +/- bladder lymphoma suspected. FIP and complicated inflammatory bowel are possible yet less likely. Surgical biopsies of the lymph nodes and intestinal mass, removal and bladder wall biopsy would be another potential approach. Chest radiographs are warranted to assess for metastatic disease.



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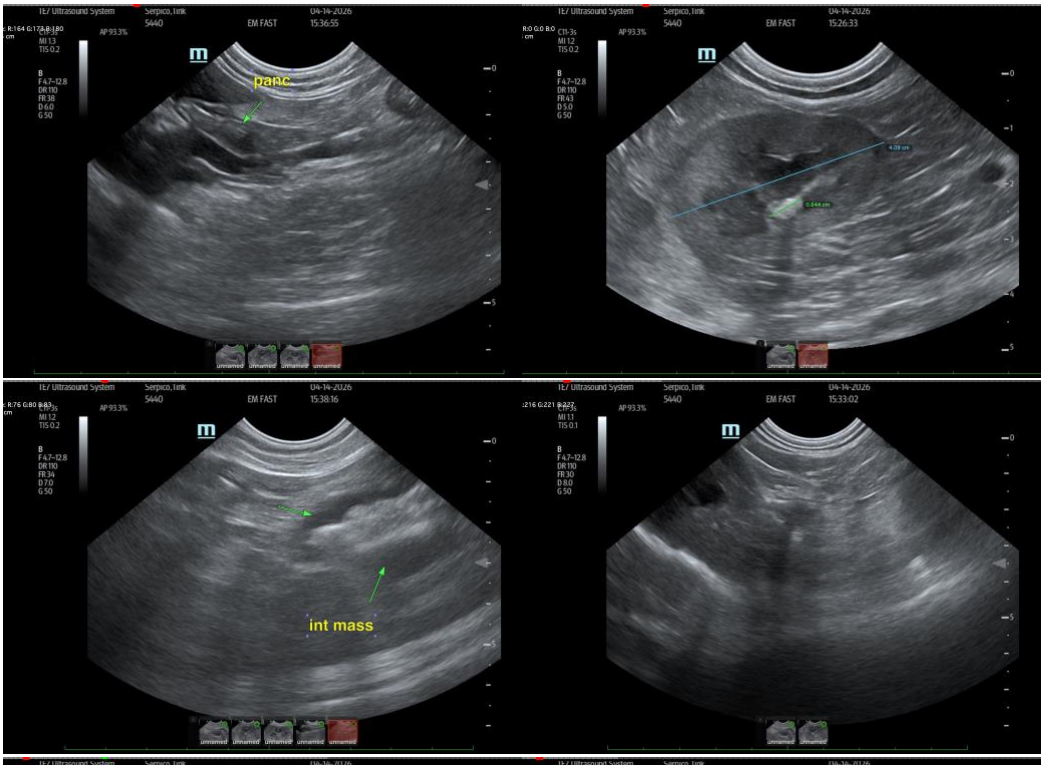
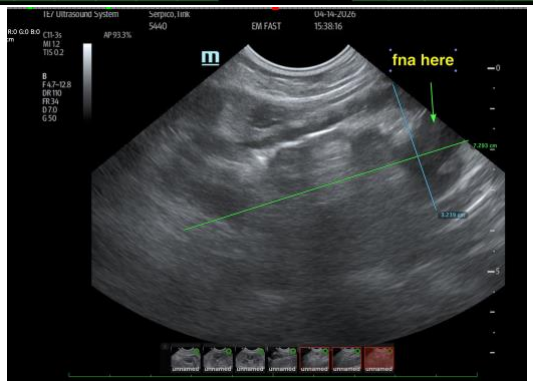
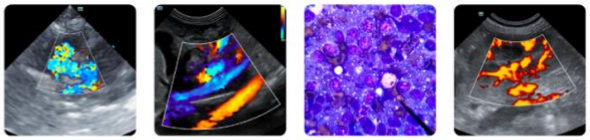



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not





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**visible in the image/video clips provided.**

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

**Eric Lindquist**, DMV, DABVP(CFM), Cert. IVUSS,
CEO, Owner, Founder -- SonoPath.com
info@SonoPath.com